

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093718

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: J & S CONSTRUCTON COMPANY, LLC

## Current Principal Place of Business:

807 KNIGHT STREET  
SEFFNER, FL 33584 US

## New Principal Place of Business:

## Current Mailing Address:

807 KNIGHT STREET  
SEFFNER, FL 33584 US

## New Mailing Address:

FEI Number: 74-3157807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESSARD, STEVEN D  
807 KNIGHT STREET  
SEFFNER, FL 33584 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LESSARD, STEVEN D  
Address: 807 KNIGHT STREET  
City-St-Zip: SEFFNER, FL 33584 US

Title: MGRM ( ) Delete  
Name: LESSARD, JULIE A  
Address: 807 KNIGHT STREET  
City-St-Zip: SEFFNER, FL 33584 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: LESSARD, JAMES D  
Address: 807 KNIGHT STREET  
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN D LESSARD

MGRM

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date